

Traditions

THE MIRIAM HOSPITAL • 2024

PAR EXCELLENCE: GROUNDBREAKING MEDICINE HELPS GET GOLFER BACK IN THE GAME

Golf enthusiast Bruce Barton scored himself a hole-in-one recently. But it wasn't on the links, it was at The Miriam Hospital.

For more than a decade, Bruce, a resident of Cape Cod and retired tool-die engineer, experienced debilitating pain and cramps in his legs, which often prevented him from walking further than 25 yards at a time. At best, he could get a hole or two in at the golf course where he worked part-time. Still, things were getting grim.

After seven failed surgeries over the years, Bruce found himself at the end of the longest fairway of his life, one that he could barely walk down. His doctors at several Massachusetts hospitals were unable to alleviate the leg pain that plagued him. But it was, perhaps, the final words of his last Bay State doctor that hurt Bruce the most—he was told they did their best, but it was unsuccessful. Adding insult to injury, it was also explained to Bruce that, as a type 2 diabetic, he should prepare himself for the possibility of losing a toe, a foot, or maybe even a leg in the future.

That awful news rattled Bruce, but he wasn't ready to head to the clubhouse for good just yet or give up on his self-described "active, active, active" lifestyle, which included



"I am in seventh heaven."

Grateful patient, Bruce Barton (shown here with his daughters and granddaughters) is back to his healthy, active lifestyle thanks to The Miriam Hospital.

walking, racquetball sports, and many other physical activities in addition to his beloved golf.

Swinging into action

Fortunately, he recalled a golfing buddy, also a cardiologist, mentioning a colleague who was conducting remarkable research with successful results in patients with issues in the lower extremities. Bruce learned that doctor was Peter A. Soukas, MD, Director of the Peripheral Vascular Interventional Laboratory at The Miriam.

During his first exam with Dr. Soukas, Bruce was told he was suffering from critical limb ischemia (CLI), a severe blockage in the arteries of the lower extremities. The corrosion in Bruce's veins brought on by this chronic condition was blocking blood flow through his legs.

Healthwise, Bruce was in a bad place . . . but at least he was in the right place now. "Dr. Soukas said I had a very tough, complex case," he recalls, "but he was also very encouraging and told me he was 100 percent sure he would make me better."

Delivering on a promise

How would Dr. Soukas deliver on such a promise? By "shocking" the plaque out of Bruce's arteries using a new game-changing technology called Shockwave Intravascular

(continued on page 2)



Dr. Peter Soukas

Lithotripsy (IVL). In principle, the technology, a central component of Dr. Soukas' clinical study, works similarly to the method used to break up kidney stones so they can pass.

For Bruce, the technology would send a shockwave

through the blocked arteries in his legs. The minimally invasive procedure would cause the calcium blockages to fracture, much like a windshield does when hit by a rock. As a result of the fracturing, the blockage would become softer, more malleable, and allow for a fuller expansion of the artery.

The operation was an unqualified success. Reflecting on his recovery, Bruce says, "I am in seventh heaven. It's a miracle. I walked 18 holes, something I haven't done in more than 20 years."

An exclusive club

As we head into the back nine of Bruce's story, you might be wondering "Why hadn't his previous medical teams thought of this procedure?" Quite simply, they didn't have the technology nor were they aware of the innovative research happening in Rhode Island.

As an associate professor with The Warren Alpert School of Medicine at Brown University, Dr. Soukas was managing a clinical trial that elevated The Miriam to the first hospital in New England to use Shockwave IVL with positive results.

"We were the first hospital in the world to use shockwave treatment for a narrowed carotid stent in a calcified artery," Dr. Soukas explains. "Now we have the highest volume of patients in the nation being treated with this innovative technology. As a research hospital, we're able to attract many patients to our trials. Our research activity is one reason we're able to get exciting, new technology."

These days, Bruce is hoping to do a lot more with his regained mobility than return in earnest to the game he loves. Most notably, the grandfather to 10-year-old twin girls is hoping to take them to Disney and not have to worry about how he's going to keep up with them.

LUNG SCREENING AND NODULE CLINIC MAKING A DIFFERENCE

Proceeds from our 2022 Gala & Auction fund-a-need helped make the vision of a lung cancer screening and nodule clinic at The Miriam Hospital a reality. Officially opening on April 7, 2023, the clinic has delivered on its founding promise of providing southeastern New Englanders with access to a first-of-its-kind, innovative program dedicated exclusively to their specific healthcare needs.

From the moment a potentially cancerous lung nodule or mass is detected, the clinic's patients are immersed in a compassionate and coordinated experience that is truly second to none—and they are grateful for the world-class care they're receiving so close to home.

"Peace of mind' is a term we hear a lot from the patients we care for," says Kristin Andrew, Oncology Patient Navigator at the clinic, "because they understand that their imaging is being reviewed by the multiple specialists on our Lung Nodule Tumor Board."

The board is comprised of experts representing a wide range of disciplines—pulmonary, thoracic surgery, and medical oncology—who convene to discuss each case and offer relevant recommendations. In addition to the board's efforts, the clinic's work also integrates and complements the Lifespan Cancer Institute's ongoing research focusing on lung cancer screening in underserved populations. Given the stressful state patients often find themselves in at first, Kristin adds that having the clinic function as a "one-stop hub" is especially comforting. "They have enough on their minds, so they appreciate not having to also set up and juggle multiple specialists' appointments or navigate the healthcare system on their own. We're here for them."

THE MIRIAM HOSPITAL BRINGS CARE INTO THE COMMUNITY

The Miriam Hospital opened nearly 100 years ago with the goal of ensuring care was accessible to all. Today, that mission continues as caregivers work tirelessly to bring care to those in our community who need it—even beyond the walls of 164 Summit Avenue.

With increased wait times in emergency departments impossible to ignore, The Miriam and Rhode Island hospitals looked closely at ways to reduce barriers to accessing care for patients using the ED for non-emergent issues. As a result, in 2021, mobile integrated healthcare (MIH) began bringing care into the community.

MIH brings care to patients outside the traditional hospital setting using mobile resources. Skilled medical staff, paramedics, and community health workers (CHW), collaborate to provide patients with the care they need, wherever their home is. This includes helping them access primary care, receive follow up after a hospital admission, wound and burn care support, and chronic disease management. There are also food and housing insecurity resources.

MIH services include paramedicine, which involves medical professionals going to a patient's home to deliver care following a discharge from the hospital. It is especially beneficial for patients who have had a cystectomy, or bladder removal.



Jessica Bucci, Community Health Worker

"These patients are at higher risk for infection and dehydration, so we're piloting a program that brings paramedicine to a patient's home twice a week for four to six weeks to supplement visiting nurse services," explains Alicia Corey, Director of Case Management, who works closely with MIH at The Miriam. "Thanks to this care, we have been able to get patients home, where they are most comfortable, days and sometimes weeks sooner, than if paramedicine wasn't available. It's a win-win all around."

Incorporating a community health worker in The Miriam's emergency department has been another important piece to expanding MIH efforts. Jessica Bucci has been in that job since August 2023. As part of her work, she is also a peer recovery specialist and plays a critical role connecting individuals with resources they may not have access to on their own.

"It's a good support for people, and especially for the most vulnerable in our community," says Jessica. "Everyone's situation is different and I'm here to help with everything from housing and food applications to primary care appointments—the list goes on. Our goal is that everyone gets the care they need."

To learn more about The Miriam's efforts for expanding MIH, scan the QR code.



PUTTING MORE WOMEN AT THE HEART OF CARDIAC CARE



You may know that heart disease is the leading cause of death in the U.S. for men and women. But what you may not know is that diagnostic and treatment protocols have been primarily based on studies involving men. Moreover, women with heart disease may present with different symptoms. As a result, they may be misdiagnosed, leading to poorer outcomes.

Fortunately, Lifespan and The Miriam Hospital are leading the way to ensure female cardiovascular patients are getting the right care at the right time to address their unique diagnoses and needs.

Thanks to donors' fund-a-need support at last year's gala and auction, the hospital was able to add groundbreaking and lifesaving technology to the Women's Cardiovascular Program at The Miriam, making it the only program in Rhode Island to use state-of-the-art diagnostic imaging to detect coronary artery abnormalities unique to women.

Additionally, The Miriam challenges the hospital industry norm of having mostly male cardiologists on staff. Today, women make up 26 percent of The Miriam's cardiology team—*double the national average*—and many are in leadership roles, including Athena Poppas, MD, Director of Lifespan's Cardiovascular Institute and Chief of Cardiology at Lifespan and Brown University.

When she was hired in 1997, Dr. Poppas was one of only two female faculty members in cardiology. "I remember being on rounds pregnant, and the medical residents were like, 'Wow! We've never seen that before,'" she says.

Of course, things have changed since then, as Dr. Poppas has been active in expanding the pipelines for women into the cardiology field . . . and as the saying goes, the results speak for themselves.

Traditions, a publication of The Miriam Hospital Foundation, is published for the friends and supporters of The Miriam Hospital. For more information, please contact the Development Office at 401-793-2004.

giving.lifespan.org/The-Miriam/Give-Now



The Miriam Hospital

Lifespan. Delivering health with care.®